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Garden City College

Bangalore

APPLICATION FOR RE-ADMISSION

NOT TO BE USED FOR NEW ADMISSION

To be filled and submitted by the students during the commencement of each Semester / Year
(use block letters)

ID NO ☐☐☐☐ ☐☐☐ ☐☐☐☐ **UNIV. REG. NO** ☐☐☐☐☐☐☐

NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Course _____ **Year** _____ **Batch** (if applicable) _____

Father's Name _____ **Mother's Name** _____

Email: _____ **Email:** _____

(a) Present Address	**(b) Permanent Address**	**(c) Guardian (Local) Name & Address**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Phone & Fax: _____	**Phone & Fax:** _____	**Phone & Fax:** _____
Mobile: _____	**Mobile:** _____	**Mobile:** _____
Email: _____	**Email:** _____	**Email:** _____

Please send all communication to

A ☐ or B ☐ or C ☐

Academic Details

Marks Percentile

a) Mid term exam ☐
b) Preparatory Exam ☐

Fee Details

Fee dues (if any) Rs. _____

Tuition Fee Instalment

Amount _____ Paid by ☐ DD ☐ Cash

DD No _____

I hereby declare that all information stated above are true to the best of my knowledge. Kindly readmit me to the next semester/year.

Date: _____ **Name & Signature of the Student**

To be filled by the Parent

I prefer my ward to: 1. Stay in Hostel ☐ 2. Stay outside as a day scholar ☐

☐ (a) To permit to go to LG's place once in a week / month
☐ (b) Not to permit to stay outside under any circumstances.

Signature of Father **Signature of Mother** **Signature of Local Guardian**

For Office Use

Total Fees Dues as on
Date: ☐☐☐☐☐☐☐☐

Rs. _____

Date: _____

Payment Details:
Amount:
Receipt No:
Date:

ADMITTED ☐
PENDING ☐
NOT ADMITTED ☐

Principal